Making Million Hearts® Real for Wyoming

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Disclosures

- None

The opinions expressed by authors contributing to this project do not necessarily reflect the opinions of the US Department of Health and Human Services, the Public Health Service, the Centers for Disease Control and Prevention, or the authors' affiliated institutions. Use of trade names is for identification only and does not imply endorsement by any of the groups named below.

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Overview

- CVD burden
- Million Hearts® 2022
- Hypertension control resources
- Finding potentially undiagnosed hypertension
- Other resources of interest

Heart Disease and Stroke Burden

- More than **1.5 million** people in the U.S. suffer from heart attacks and strokes per year[1]
- More than **800,000** deaths per year from cardiovascular disease (CVD)[1]
- CVD costs the U.S. **hundreds of billions** of dollars per year[1]
- CVD is the greatest contributor to racial disparities in life expectancy[2]

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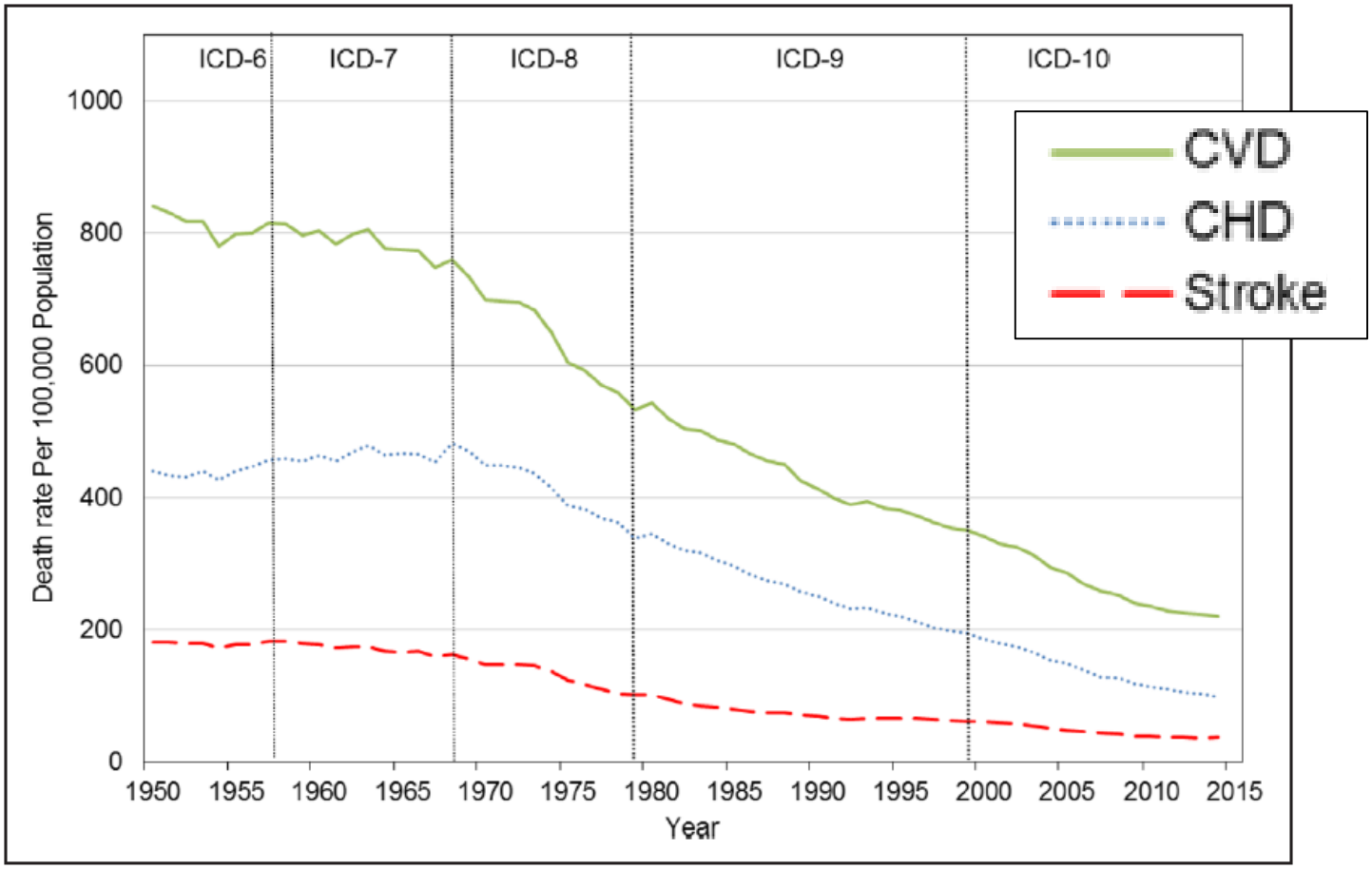
1. Benjamin EJ, Blaha MJ, Chiuve SE, Cushman M, Das SR, Deo R, et al. Heart Disease and Stroke Statistics-2017 Update: A Report From the American Heart Association. Circulation 2017;135(10):e146–603.
2. Kochanek KD, Arias E, Anderson RN. How did cause of death contribute to racial differences in life expectancy in the United States in 2010? NCHS data brief, no 125. Hyattsville, MD: National Center for Health Statistics. 2013

Heart Disease and Stroke Trends 1950-2015



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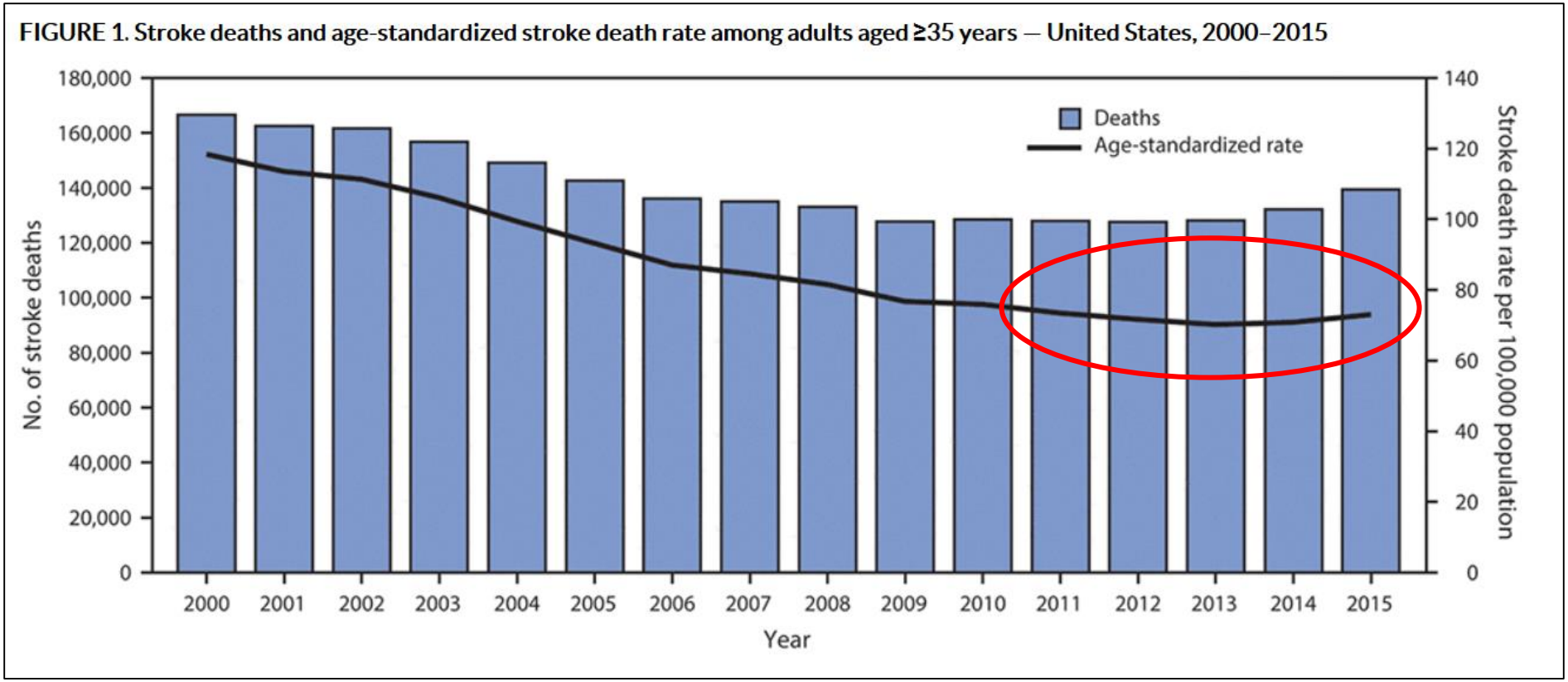
Mensah GA, Wei GS, Sorlie PD, et al. Decline in Cardiovascular Mortality – Possible Causes and Implications. Circulation Research. 2017;120:366-380.

Recent Patterns in Stroke Deaths



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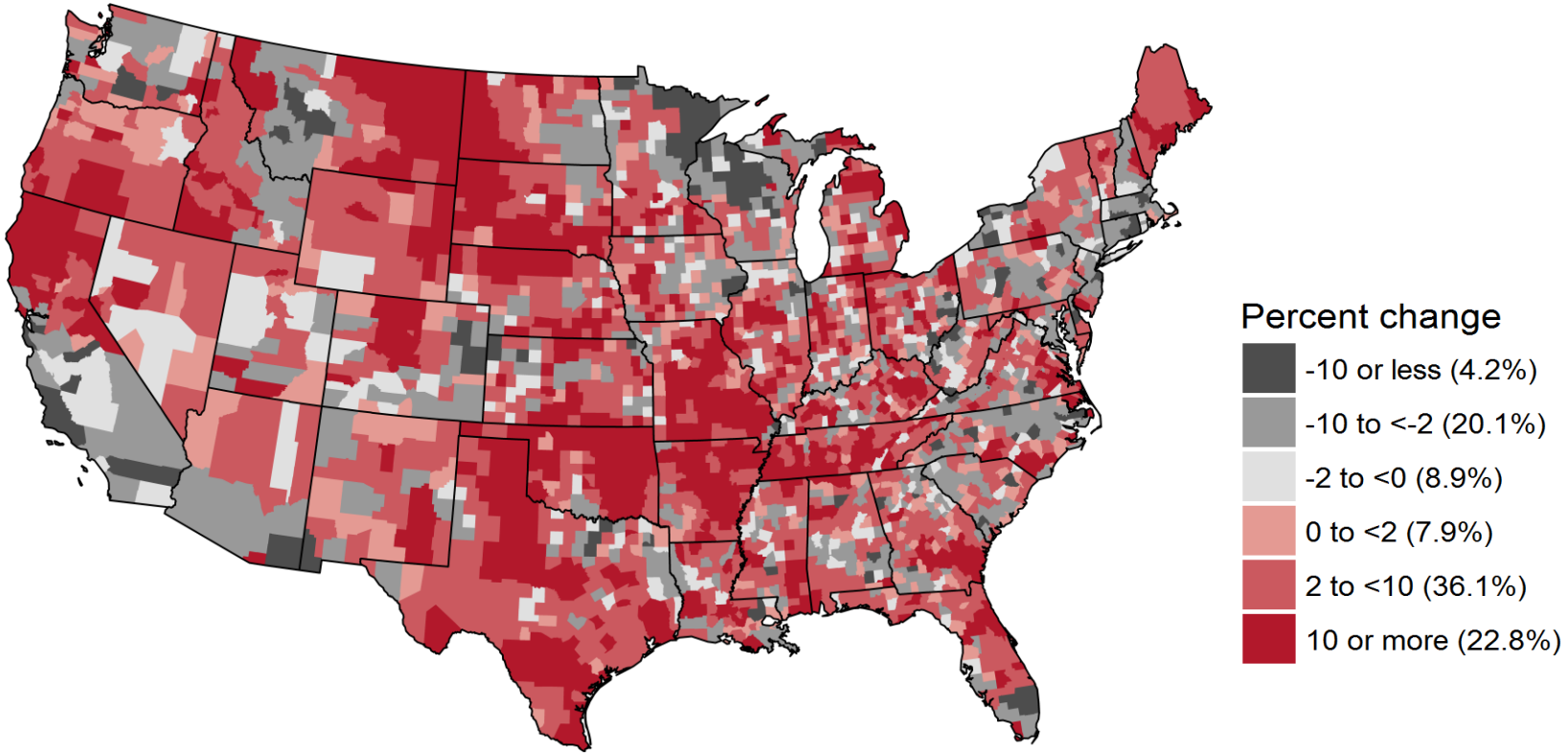
Yang Q, et al. Vital Signs: Recent Trends in Stroke Death Rates — United States, 2000–2015. *Morb Mortal Wkly Rep.* 2017;66:933–939.

Alarming Mortality Rate Changes

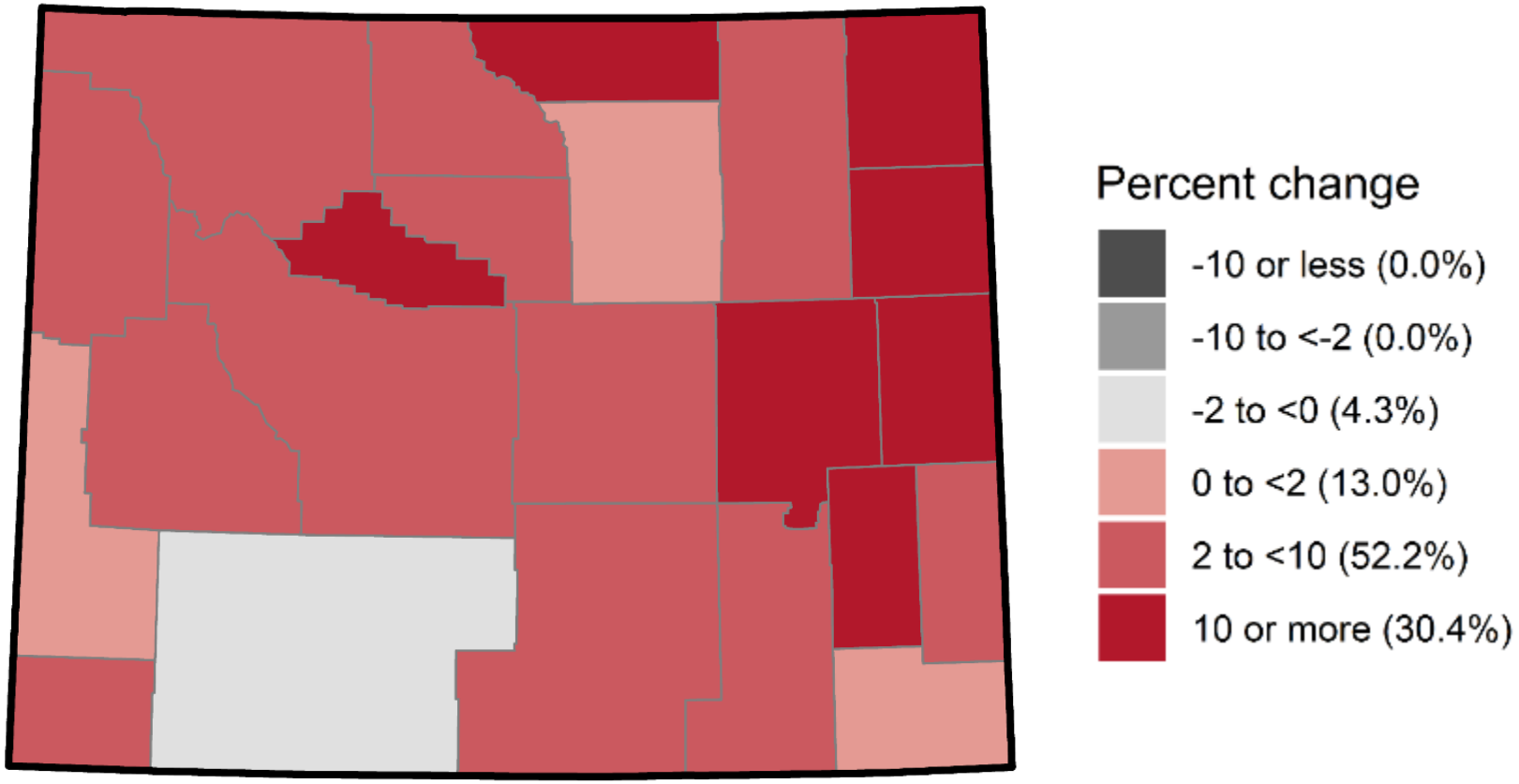
County-level percent change in heart disease death rates, United States, Ages 35-64, 2010-2015



Vaughan AS, Patel SA, Kramer MR, Schieb L, Casper M. Relationships of macro-level conditions with cross-sectional and temporal trends in county-level premature heart disease death rates, 2010-2015. Journal of Epidemiology and Community Health. 2019. Under review.

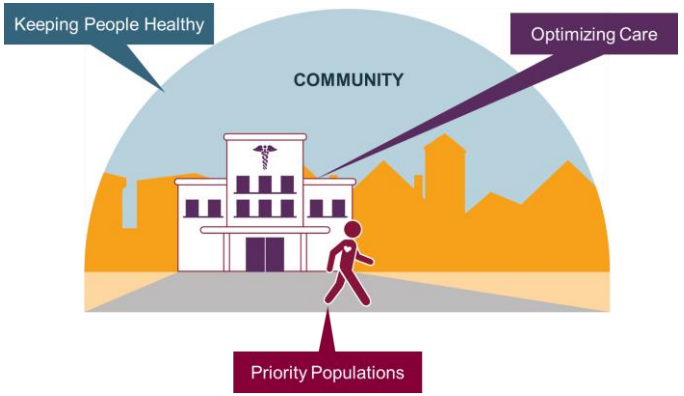
WY Mortality Rate Changes

County-level percent change in heart disease death rates, Wyoming, Ages 35-64, 2010-2015



Million Hearts® 2022

- **Aim:** Prevent 1 million—or more—heart attacks and strokes in the next 5 years
- National initiative co-led by:
  - Centers for Disease Control and Prevention (CDC)
  - Centers for Medicare & Medicaid Services (CMS)
- Partners across federal and state agencies and private organizations



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Million Hearts® 2022 *Priorities*

Keeping People Healthy
Reduce Sodium Intake
Decrease Tobacco Use
Decrease Physical Inactivity

Optimizing Care
Improve ABCS*
Increase Use of Cardiac Rehab
Engage Patients in Heart-healthy Behaviors

Improving Outcomes for Priority Populations
Blacks/African Americans with hypertension
35- to 64-year-olds
People who have had a heart attack or stroke
People with mental illness or substance use disorders who use tobacco

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*Aspirin when appropriate, Blood pressure control, Cholesterol management, Smoking cessation

Clinical Quality Measures

Domain	NQF #	CMS #
Aspirin when appropriate	0068	164
Blood pressure control	0018	165
Cholesterol management (statin use)	n/a	347
Smoking cessation (assessment and treatment)	0028	138

- Included in CMS Quality Payment Program/Merit-based Incentive Payment System (QPP/MIPS)
  - Cardiology
  - Internal Medicine
  - General/Family Medicine

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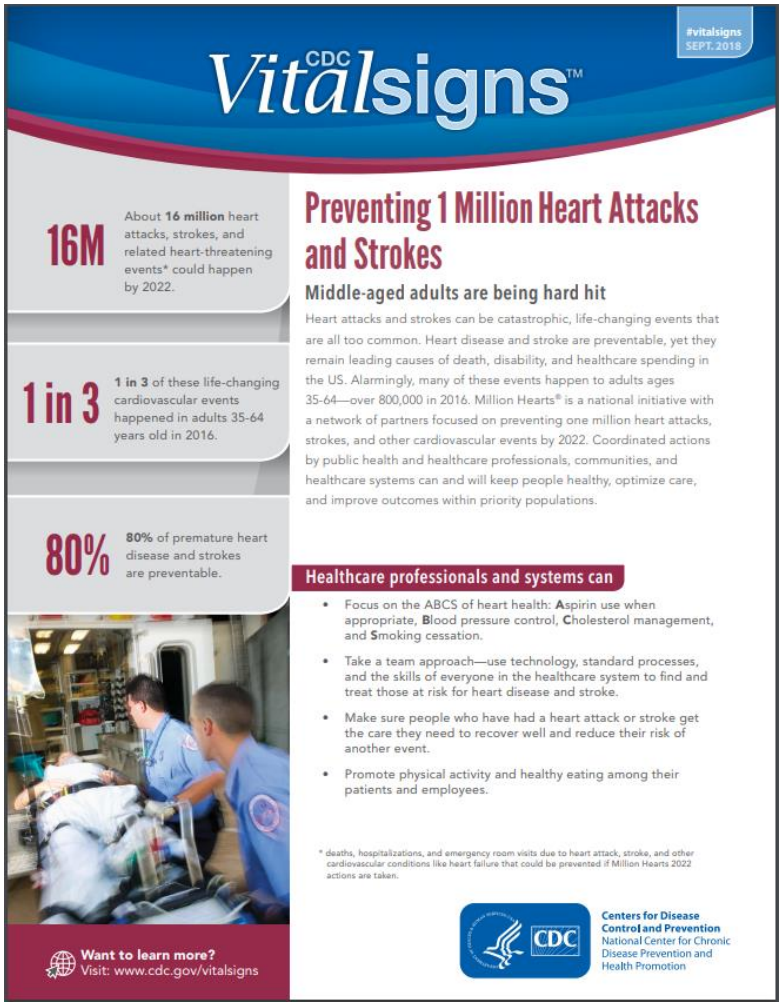
https://millionhearts.hhs.gov/data-reports/cqm/measures.html

MH 2022 Vital Signs



CDC Vitalsigns™

#vitalsigns SEPT. 2018

16M About **16 million** heart attacks, strokes, and related heart-threatening events* could happen by 2022.

1 in 3 **1 in 3** of these life-changing cardiovascular events happened in adults 35-64 years old in 2016.

80% **80%** of premature heart disease and strokes are preventable.

Want to learn more?
Visit: www.cdc.gov/vitalsigns

Preventing 1 Million Heart Attacks and Strokes

Middle-aged adults are being hard hit

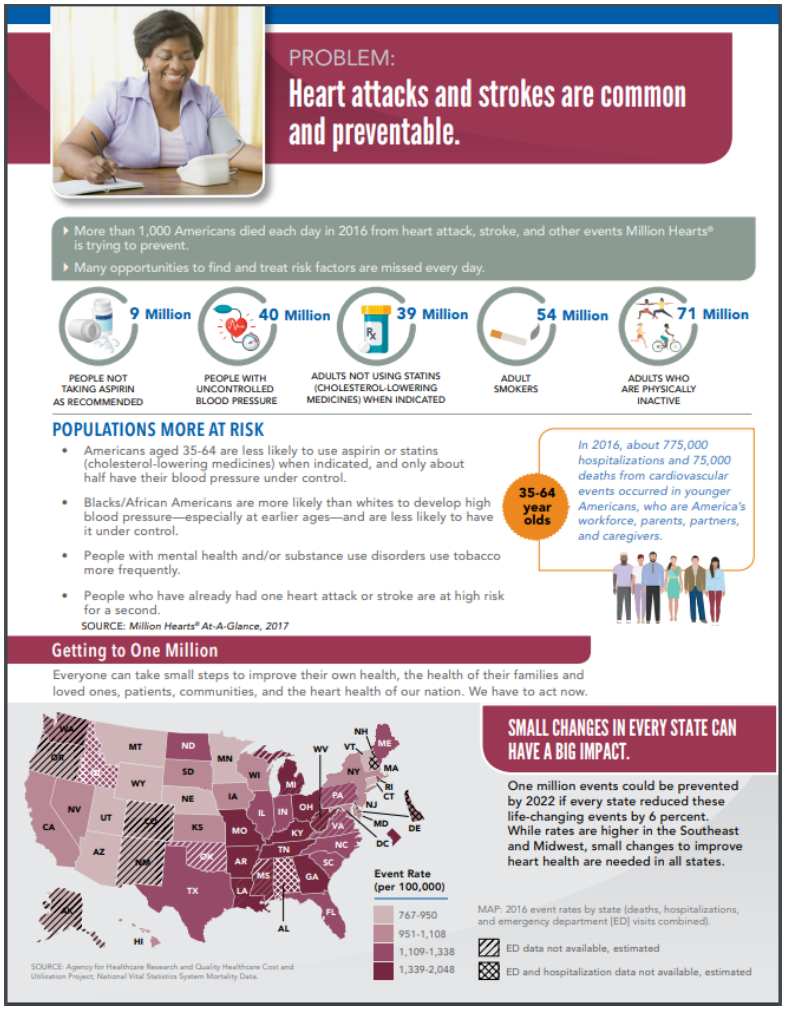
Heart attacks and strokes can be catastrophic, life-changing events that are all too common. Heart disease and stroke are preventable, yet they remain leading causes of death, disability, and healthcare spending in the US. Alarmingly, many of these events happen to adults ages 35-64—over 800,000 in 2016. Million Hearts® is a national initiative with a network of partners focused on preventing one million heart attacks, strokes, and other cardiovascular events by 2022. Coordinated actions by public health and healthcare professionals, communities, and healthcare systems can and will keep people healthy, optimize care, and improve outcomes within priority populations.

Healthcare professionals and systems can

- Focus on the ABCS of heart health: **A**spirin use when appropriate, **B**lood pressure control, **C**holesterol management, and **S**moking cessation.
- Take a team approach—use technology, standard processes, and the skills of everyone in the healthcare system to find and treat those at risk for heart disease and stroke.
- Make sure people who have had a heart attack or stroke get the care they need to recover well and reduce their risk of another event.
- Promote physical activity and healthy eating among their patients and employees.

* deaths, hospitalizations, and emergency room visits due to heart attack, stroke, and other cardiovascular conditions like heart failure that could be prevented if Million Hearts 2022 actions are taken.

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion



PROBLEM:

Heart attacks and strokes are common and preventable.

- More than 1,000 Americans died each day in 2016 from heart attack, stroke, and other events Million Hearts® is trying to prevent.
- Many opportunities to find and treat risk factors are missed every day.

9 Million PEOPLE NOT TAKING ASPIRIN AS RECOMMENDED

40 Million PEOPLE WITH UNCONTROLLED BLOOD PRESSURE

39 Million ADULTS NOT USING STATINS (CHOLESTEROL-LOWERING MEDICINES) WHEN INDICATED

54 Million ADULT SMOKERS

71 Million ADULTS WHO ARE PHYSICALLY INACTIVE

POPULATIONS MORE AT RISK

- Americans aged 35-64 are less likely to use aspirin or statins (cholesterol-lowering medicines) when indicated, and only about half have their blood pressure under control.
- Blacks/African Americans are more likely than whites to develop high blood pressure—especially at earlier ages—and are less likely to have it under control.
- People with mental health and/or substance use disorders use tobacco more frequently.
- People who have already had one heart attack or stroke are at high risk for a second.

SOURCE: *Million Hearts® At-A-Glance, 2017*

35-64 year olds

In 2016, about 775,000 hospitalizations and 75,000 deaths from cardiovascular events occurred in younger Americans, who are America's workforce, parents, partners, and caregivers.

Getting to One Million

Everyone can take small steps to improve their own health, the health of their families and loved ones, patients, communities, and the heart health of our nation. We have to act now.

SOURCE: Agency for Healthcare Research and Quality Healthcare Cost and Utilization Project; National Vital Statistics System Mortality Data.

SMALL CHANGES IN EVERY STATE CAN HAVE A BIG IMPACT.

One million events could be prevented by 2022 if every state reduced these life-changing events by 6 percent. While rates are higher in the Southeast and Midwest, small changes to improve heart health are needed in all states.

MAP: 2016 event rates by state (deaths, hospitalizations, and emergency department [ED] visits combined).

ED data not available, estimated

ED and hospitalization data not available, estimated

https://www.cdc.gov/vitalsigns/pdf/vs-0918-million-hearts-H.pdf

“Million Hearts Preventable Events”

- Mutually exclusive events =

Treat and Release ED Events	+	Non-elective Hospitalization Events	+	Deaths

  - Heart attacks
  - Strokes
  - Symptomatic precursor conditions – TIA, angina
  - Other select acute CVD events – heart failure

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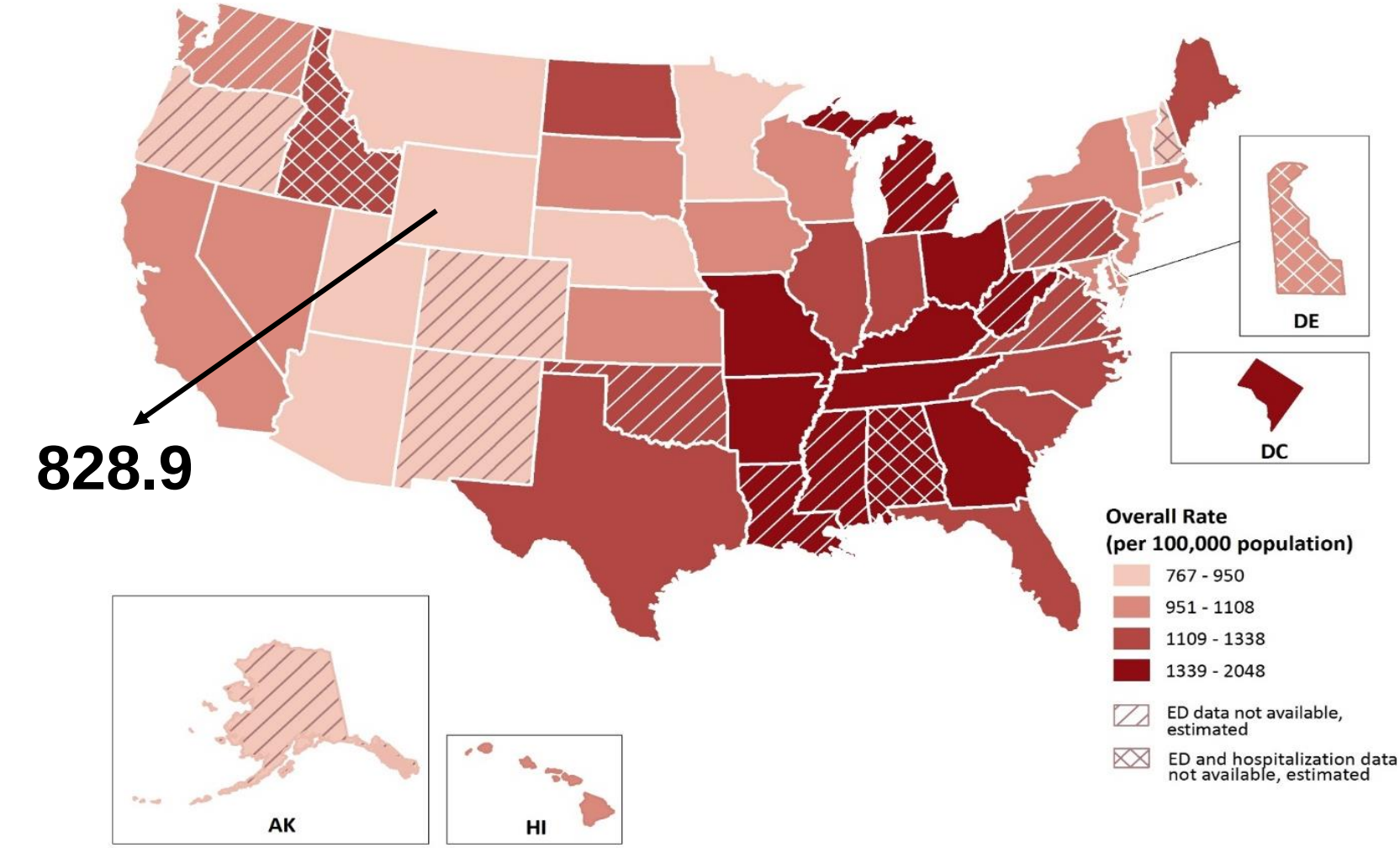
ED = emergency department, TIA = transient ischemic attack, CVD = cardiovascular disease

Ritchey MD, et al. Million Hearts: Description of the National Surveillance and Modeling Methodology Used to Monitor the Number of Cardiovascular Events Prevented During 2012-2016. JAHA. 2017;6(5).

Million Hearts-preventable event rates among adults aged ≥18 years by state, 2016



Data Sources: Healthcare Cost and Utilization Project data (2016), National Vital Statistics mortality data (2016);
Ritchey MD, Wall HK, Owens PL, Wright JS. Vital Signs: State-level Variation in Non-fatal and Fatal Heart Disease and Stroke Events Targeted for Prevention by Million Hearts 2022. MMWR. 2018;67(35):974-982.

Million Hearts® State Profile: Wyoming

2016 Values*

Treat-and-Release ED Visit Rate	Acute Hospitalizations				Mortality Rate
	Rate	Cost, In US$ (2016) billions	Mean cost (US$) per event	Per-capita costs (US$)	
194.9	484.0	0.04	15,977	76	150.0

Estimated 2017–2021 Values Without Intervention

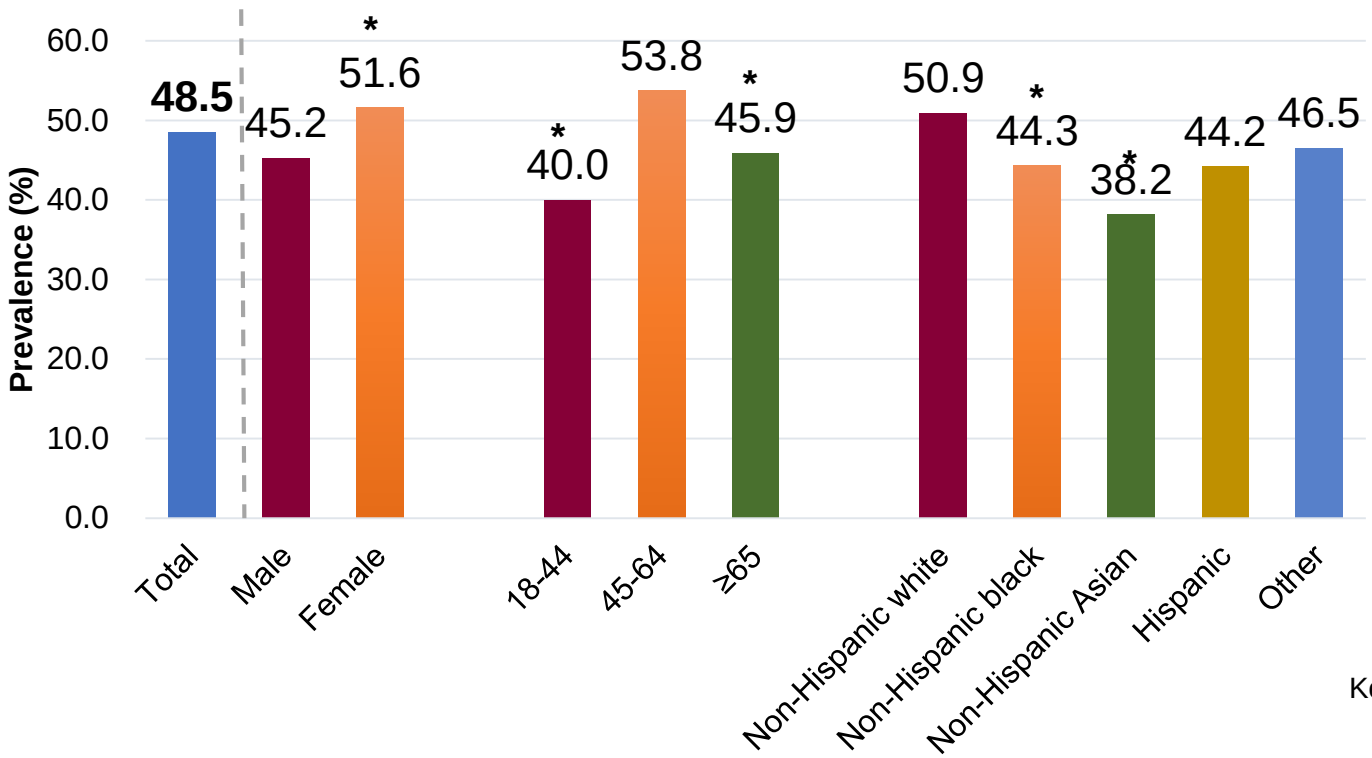
Treat-and-Release ED Visits (thousands)	Acute Hospitalizations (thousands)	Deaths (thousands)	Total Mutually Exclusive Events (thousands)	Expected Hospitalization Costs, in US$ (2016) billions
4.8	11.9	3.7	20.4	0.2

*Rates are per 100,000 population; standardized, by age, to the 2012 US Census population
ED: emergency department

Ritchey MD, Wall HK, Owens PL, Wright JS. Vital Signs: State-level Variation in Non-fatal and Fatal Heart Disease and Stroke Events Targeted for Prevention by Million Hearts 2022. MMWR. 2018;67(35):974-982.

Blood Pressure Control

Blood pressure control (<140/90 mmHg) among adults aged ≥18 years with hypertension – NHANES 2015-2016



Key: * = p<0.05

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Wall HK, Ritchey MD, Gillespie C, et al. Vital Signs: Prevalence of Key Cardiovascular Disease Risk Factors for Million Hearts 2022 — 2011–2016. MMWR. 2018;67(35):983-991.

Missed Opportunities

9.0 M not taking aspirin as recommended

40.1 M with uncontrolled HBP

39.1 M not using statins when indicated

54.1 M combustible tobacco users

\+ **70.9 M** who are physically inactive

213.1 M missed opportunities

55% of these opportunities are in adults aged 35–64 years

Million Hearts®

Wall HK, Ritchey MD, Gillespie C, et al. Vital Signs: Prevalence of Key Cardiovascular Disease Risk Factors for Million Hearts 2022 — 2011–2016. MMWR. 2018;67(35):983-991.

CDC Hypertension Control Champions

- Annual recognition program – https://millionhearts.hhs.gov/partners-progress/champions/list.html
- ≥ 80% on BP control (2018 – present)
  - ≥ 70% on BP control (2012-2017)
- 101 champions from 2012-2018
  - 34 states and D.C.
  - Treating 15 million US adults with HTN aged 18-85
- **2018 – Babson & Associates Primary Care, Cheyenne**

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Hypertension Control Tools

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Hypertension Control Change Package

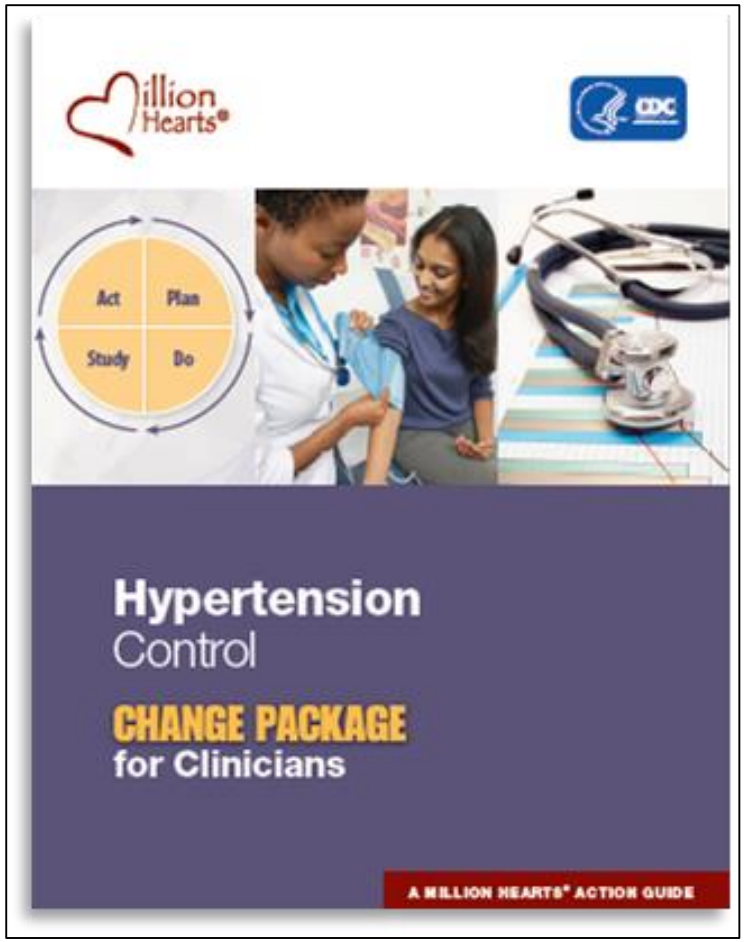


Table 1. Hypertension Control Change Package—Key Foundations (continued)

Change Concepts	Change Ideas	Tools and Resources
Implement a Policy and Process to Address BP for Every Patient with HTN at Every Visit	Develop HTN control policy and procedures	• American Medical Group Foundation. Provider Toolkit to Improvement Hypertension Control. BP Addressed for Every Hypertension Patient at Every Primary Care or Cardiology Visit: http://bit.ly/1zdx7Vh* • Kaiser Permanente. Blood Pressure Check Visit Policy and Procedure: http://bit.ly/1nqETWJ*
	Leverage local Patient Centered Medical Home (PCMH) activities to help drive comprehensive approach to HTN management	• Washington State Department of Health. Improving the Screening, Prevention, and Management of Hypertension—An Implementation Tool for Clinic Practice Teams: PCMH Change Concepts, Ideas, and Resources (pp. 18-33): http://bit.ly/ZGoe6e
	Develop a flow how hypertens will be proacti and managed	
Train and Evaluate Direct Care Staff on Accurate BP Measurement and Recording	Provide guidar measuring BP	
	Assess adhere BP measureme	

Table 2. Hypertension Control Change Package—Population Health Management

Change Concepts	Change Ideas	Tools and Resources
Use a Registry to Identify, Track, and Manage Patients with HTN	Implement a HTN registry	• American Medical Group Association. Registry Used to Track Hypertension Patients: http://bit.ly/12k9MT1*
	Identify patients with elevated BP yet without a HTN diagnosis; diagnose HTN as appropriate	• Health Center Network of New York. Undiagnosed Hypertension Registry: http://bit.ly/1sUmOPG
	Use a defined process for outreach (e.g., via phone, mail, email, text message) to patients with uncontrolled HTN and those otherwise needing follow-up	• Redwood Community Health Coalition. Hypertension Recall Instructions: see Appendix B. • The Office of the National Coordinator for Health Information Technology. Quality Improvement in a Primary Care Practice: http://bit.ly/1tgdXdO • American Heart Association. Heart360. An Online Tool for Patients to Track and Manage Their Heart Health and Share Information: http://bit.ly/1hVJCWv
Use Clinician-Managed Protocols for Medication Adjustments and Lifestyle Recommendations	Use protocols to cover proactive outreach driven by registry use and respond to patient-submitted home BP readings	• Minnesota Board of Nursing. FAQ: Use of Condition-Specific Protocols: http://bit.ly/1wFw8YD • Kaiser Permanente. Protocol for Uncomplicated Hypertension: Registered Nurse Titration of Lisinopril, Hydrochlorothiazide, Atenolol, and Amlodipine: http://bit.ly/1u8SSsR • UNC Health Care Center. Standing Order: Antihypertensive Initiation and Titration: http://bit.ly/1thJlrE • Agency for Healthcare Research and Quality. Blood Pressure Titration Protocol for Diabetes Planned Visit: http://1.usa.gov/1rABLmk • Mercy Clinics, Inc. Hypertension Standing Orders: http://bit.ly/1032em6*
Use Practice Data to Drive Improvement	Determine HTN control metrics for the practice	• Washington State Department of Health. Improving the Screening, Prevention, and Management of Hypertension—An Implementation Tool for Clinic Practice Teams: Measurement Worksheet (pp.12-15): http://bit.ly/ZGoe6e • Health Center Network of New York. Specifications Hypertension Measures: http://bit.ly/1xErvxU
	Regularly provide a dashboard with BP goals,	• New York City Department of Health. Provider Dashboards: http://bit.ly/1wFB9Ao • New York City Department of Health. John Doe Dashboard: http://bit.ly/1zKuSsx ◦ More detailed information: Your Practice Hypertension Panel Summary (http://bit.ly/1z31ADT) and Hypertension Panel Management Patient List

http://millionhearts.hhs.gov/Docs/HTN_Change_Package.pdf

Hypertension Control Change Package

Table 1. Hypertension Control Change Package—Key Foundations (continued)

Change Concepts	Change Ideas	Tools and Resources
Implement a Policy and Process to Address BP for Every Patient with HTN at Every Visit	Develop HTN control policy and procedures	• American Medical Group Foundation. Provider Toolkit to … Hypertension Control. BP Addressed for Every Hype… Every Primary Care or Cardiology Visit: http://b… • Kaiser Permanente. Blood Pressure Che… http://bit.ly/1nqETWf*
	Leverage local Patient Centered Medical Home (PCMH) activities to help drive comprehensive approach to HTN management	• Washington State D… Prevention, an… for Clinic … (pp…
	Develop a flo… how hyp… will…	
	…e guidan… …easuring BP	
	…aluate …are Staff …Accurate BP Measurement and Recording	
	Assess adheren… BP measureme…	

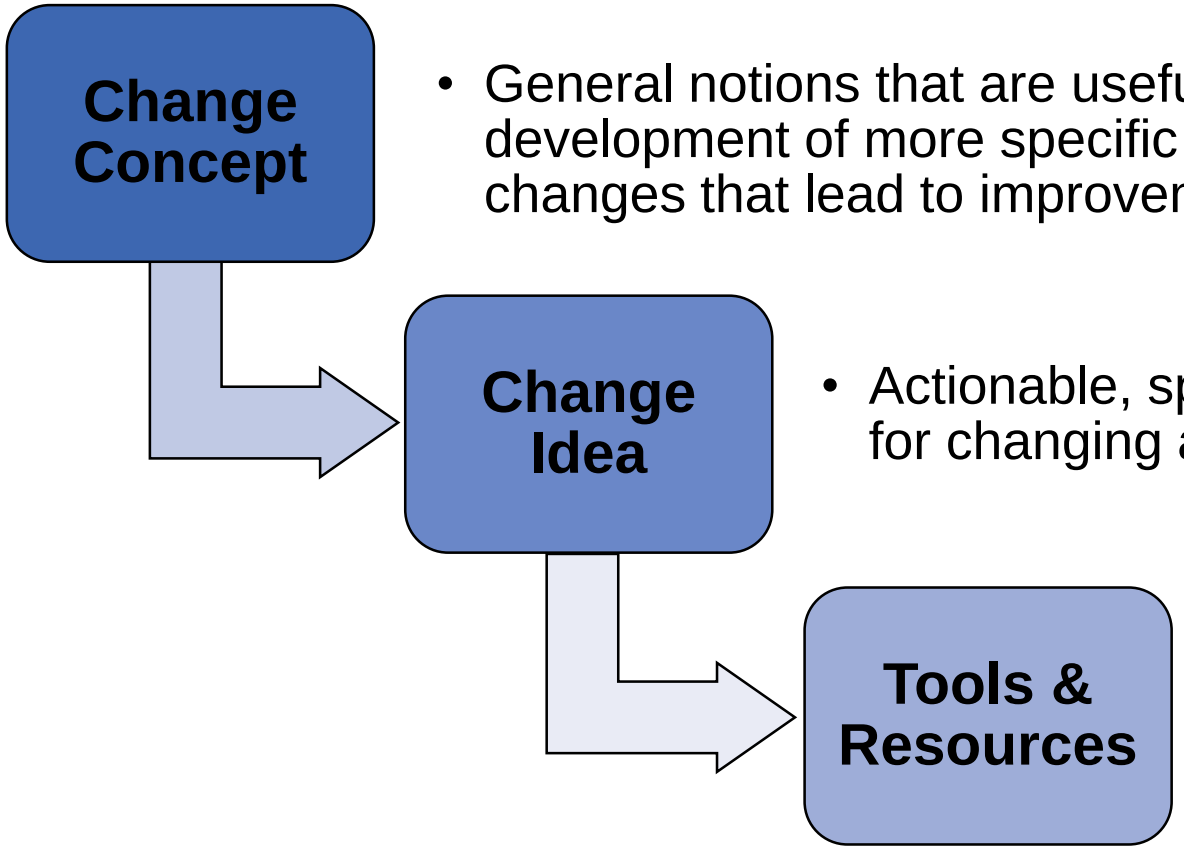
…—Population Health Management

		Tools and Resources
		• American Medical Group Association. Registry Used to Track Hypertension Patients: http://bit.ly/12k9MT1*
	…nts with …BP yet without a …N diagnosis; diagnose HTN as appropriate	• Health Center Network of New York. Undiagnosed Hypertension Registry: http://bit.ly/1sUmOPG
	Use a defined process for outreach (e.g., via phone, mail, email, text message) to patients with uncontrolled HTN and those otherwise needing follow-up	• Redwood Community Health Coalition. Hypertension Recall Instructions: see Appendix B. • The Office of the National Coordinator for Health Information Technology. Quality Improvement in a Primary Care Practice: http://bit.ly/1tgdXdO • American Heart Association. Heart360. An Online Tool for Patients to Track and Manage Their Heart Health and Share Information: http://bit.ly/1hVJCWv
Use Clinician-Managed Protocols for Medication Adjustments and Lifestyle Recommendations	Use protocols to cover proactive outreach driven by registry use and respond to patient-submitted home BP readings	• Minnesota Board of Nursing. FAQ: Use of Condition-Specific Protocols: http://bit.ly/1wFw8YD • Kaiser Permanente. Protocol for Uncomplicated Hypertension: Registered Nurse Titration of Lisinopril, Hydrochlorothiazide, Atenolol, and Amlodipine: http://bit.ly/1u8SSsR • UNC Health Care Center. Standing Order: Antihypertensive Initiation and Titration: http://bit.ly/1thJlrE • Agency for Healthcare Research and Quality. Blood Pressure Titration Protocol for Diabetes Planned Visit: http://1.usa.gov/1rABLmk • Mercy Clinics, Inc. Hypertension Standing Orders: http://bit.ly/1032em6*
Use Practice Data to Drive Improvement	Determine HTN control metrics for the practice	• Washington State Department of Health. Improving the Screening, Prevention, and Management of Hypertension—An Implementation Tool for Clinic Practice Teams: Measurement Worksheet (pp.12-15): http://bit.ly/ZGoe6e • Health Center Network of New York. Specifications Hypertension Measures: http://bit.ly/1xErvxU
	Regularly provide a dashboard with BP goals,	• New York City Department of Health. Provider Dashboards: http://bit.ly/1wFB9Ao • New York City Department of Health. John Doe Dashboard: http://bit.ly/1zKuSsx ◦ More detailed information: Your Practice Hypertension Panel Summary (http://bit.ly/1z31ADT) and Hypertension Panel Management Patient List

Revised version coming in 2019

http://millionhearts.hhs.gov/Docs/HTN_Change_Package.pdf

Change Package Format



- General notions that are useful in the development of more specific ideas for changes that lead to improvement
- Actionable, specific ideas for changing a process
- Can be adapted by or adopted in a health care setting

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Change Concept

Use Practice Data To Drive Improvement

Change Concept

Use Practice Data To Drive Improvement

Change Ideas

1. **Determine HTN Control Metrics For The Practice**
2. **Regularly Provide A Dashboard With BP Goals, Metrics, And Performance**

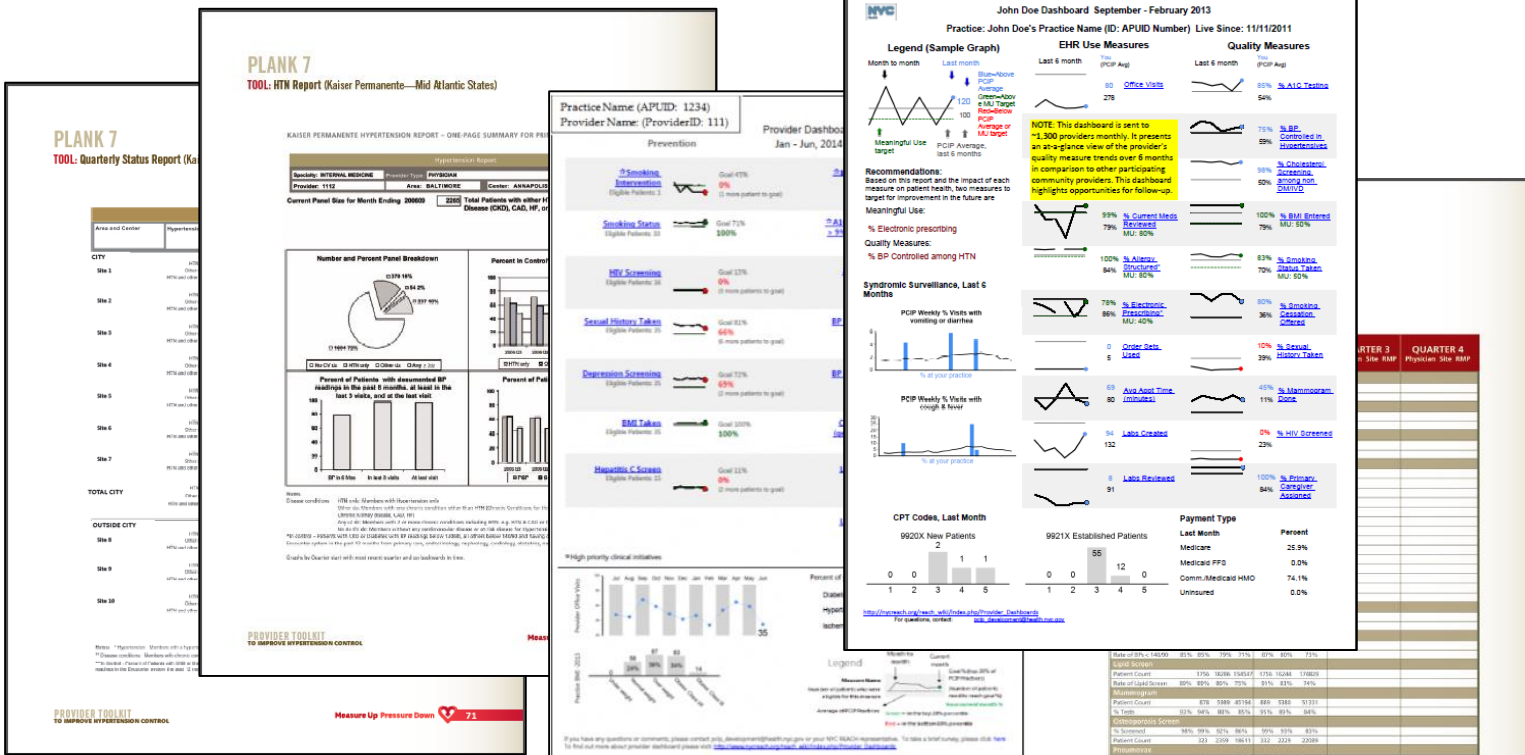
Change Concept

Use Practice Data To Drive Improvement

Change Ideas

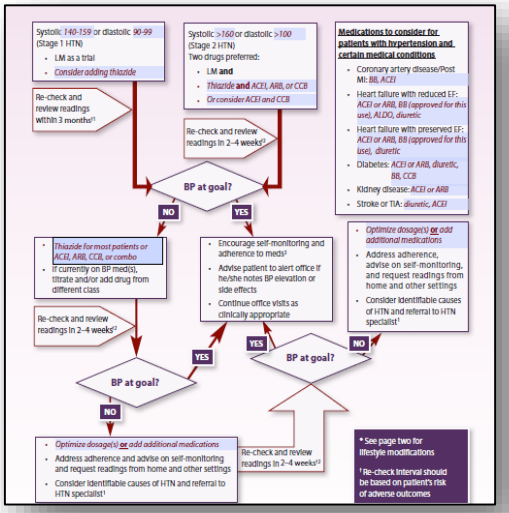
1. Determine HTN Control Metrics For The Practice
2. Regularly Provide A Dashboard With BP Goals, Metrics, And Performance

Tools & Resources



Standardized Treatment Protocols

- http://millionhearts.hhs.gov/resources/protocols.html
  - Hypertension control
  - Cholesterol management
  - Tobacco assessment and treatment
- Key components, implementation guidance
- Evidence-based protocols examples
- Customizable template – HTN, Tob
- Help address disparate populations



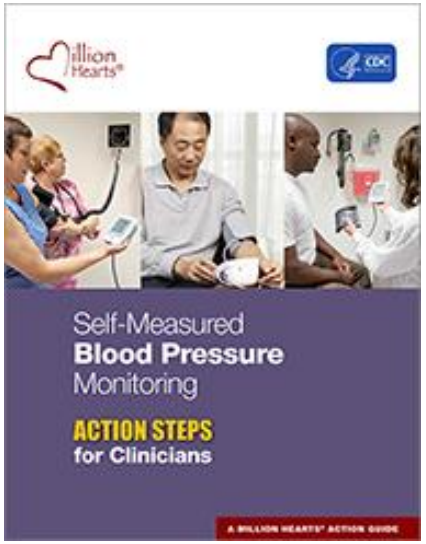
Self-Measured Blood Pressure Monitoring (SMBP)

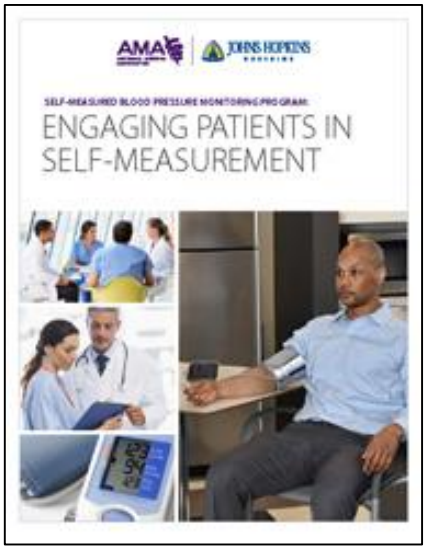
- Strong evidence for SMBP plus additional clinical support
  - 1:1 counseling
  - Group classes
  - Web-based or telephonic support
- Good evidence for SMBP for confirming HTN diagnosis
  - USPSTF HTN screening recs
  - 2017 ACC/AHA HTN guideline

- Patient-Clinician Feedback Loop

SMBP Resources

- Guidance for clinicians on:
  - Training patients to use monitors
  - Checking home machines for accuracy
  - Suggested protocol for home monitoring
  - Cuff loaner program
- Training videos
- https://millionhearts.hhs.gov/tools-protocols/smbp.html





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SMBP Resources (cont'd)

- **AMA/AHA Target BP SMBP Resources** – https://targetbp.org/tools-downloads/?keyword=SMBP&sort=topic&
  - Cuff loaner materials
  - Staff and patient training materials and infographics
  - CME modules
- **National Association of Community Health Centers SMBP Implementation Guide and Change Package** – https://www.nachc.org/wp-content/uploads/2018/09/NACHC-Health-Care-Delivery-SMBP-Implementation-Guide-08222018.pdf

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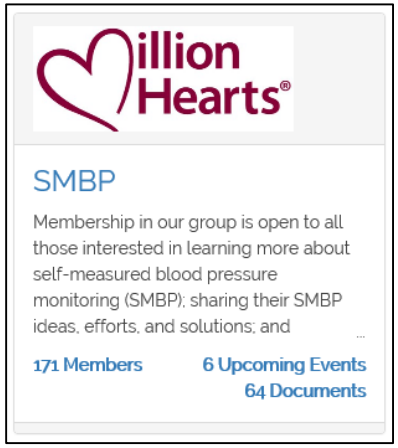
Million Hearts® SMBP Forum

- **Meets quarterly** to facilitate the exchange of SMBP best practices, tools, and resources
- **Join the SMBP Forum at** http://bit.ly/SMBPForum
- **Access materials via the SMBP Healthcare Community**
  - Go to www.healthcarecommunities.org and log in to your account (free to register)
  - Search for 'SMBP' under the 'Available Communities' tab
  - Click "Join Community"
- **Questions:** MillionHeartsSMBP@nachc.org



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Finding Undiagnosed Hypertensives

“Hiding in Plain Sight”

(HIPS)

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Controlling High Blood Pressure Measures

Measure	Measure Definition	ICD-10-CM
NQF 0018 CMS165	The percentage of patients 18-85 years of age who had a diagnosis of HTN and whose BP was adequately controlled (<140/90) during the measurement year.	I10 (Essential HTN)

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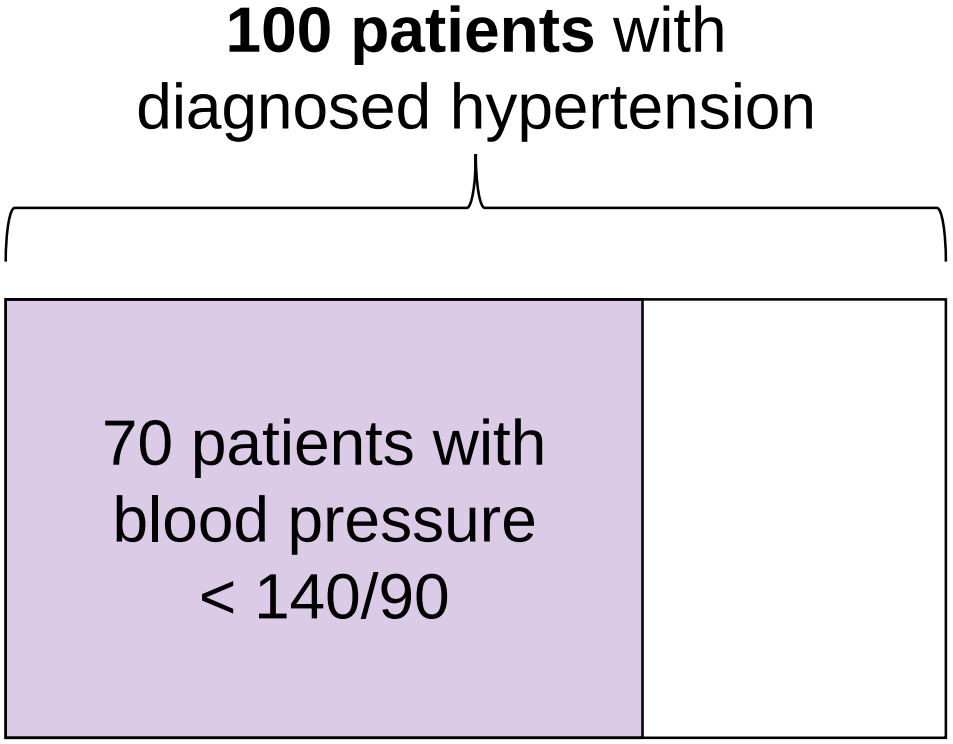
NQF – National Quality Forum; CMS165 – numbering convention for the CMS e-specified measures

Assessing Hypertension Control



(70/100)*100 = 70% control

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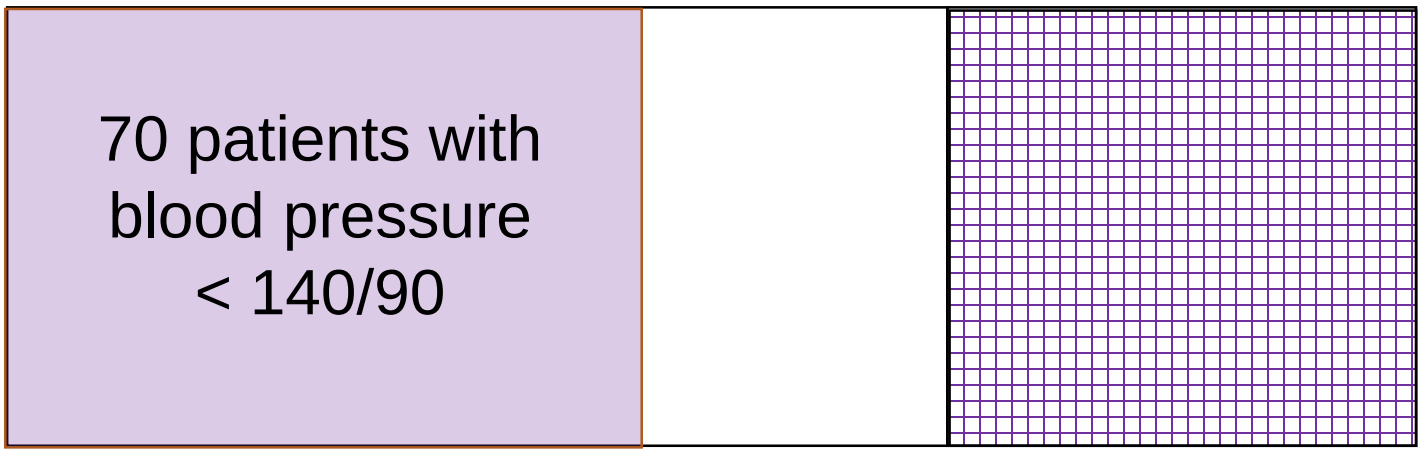
150 patients with hypertension?

100 patients with diagnosed hypertension + **50** patients with abnormal BP values



(70/150)*100 = 47% control

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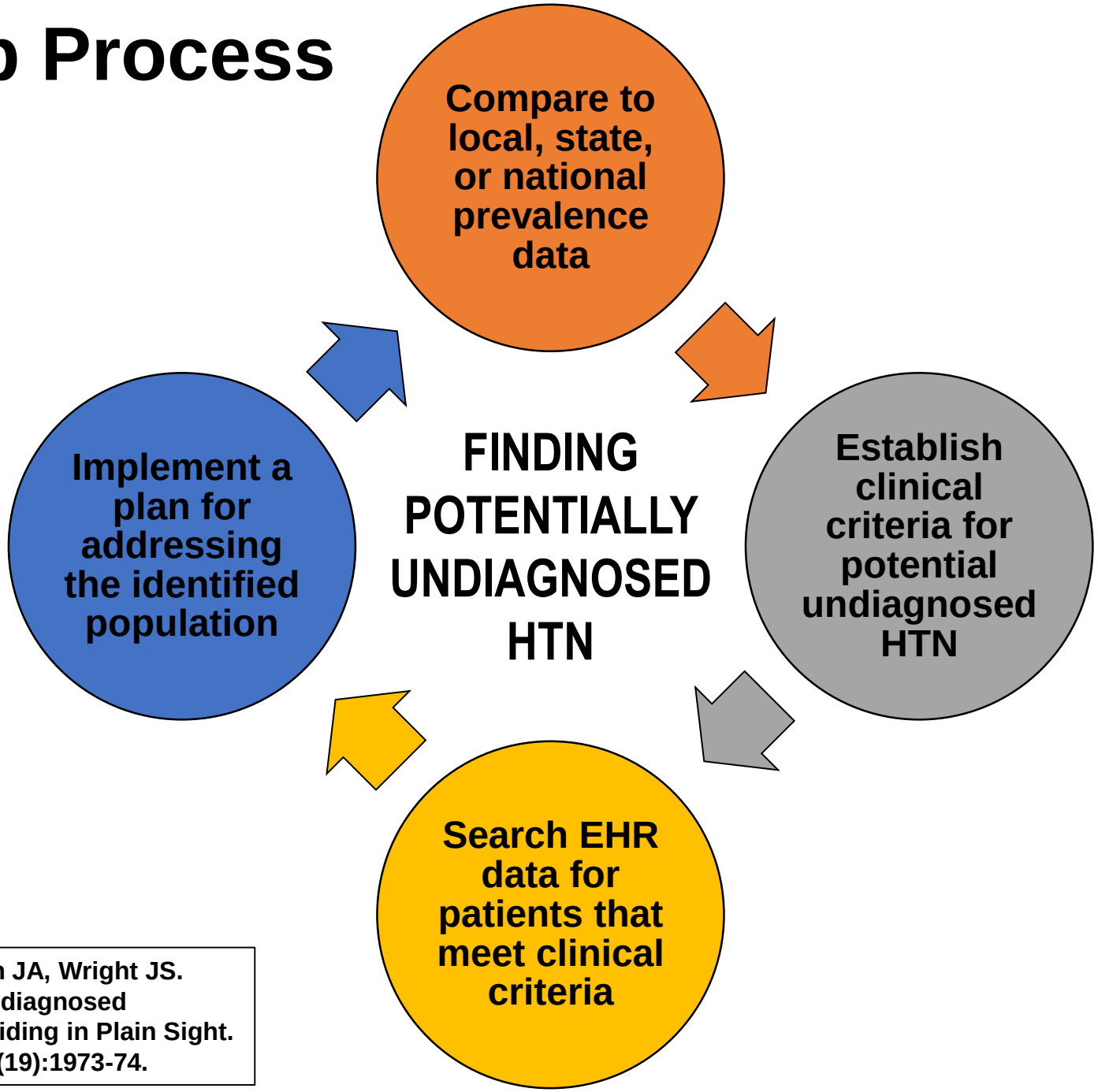
4-Step Process



Wall HK, Hannan JA, Wright JS. Patients with Undiagnosed Hypertension: Hiding in Plain Sight. JAMA. 2014;312(19):1973-74.

HIPS in the Field

- Work with the National Association of Community Health Centers (NACHC)
- 100,000 patients from 10 FQHCs from 4 Health Center Controlled Networks – CA, KY, MO
- Clinical criteria:
  - ≥ 2 elevated BP (≥140 SBP or ≥ 90 DBP), past 12 months
  - 1 Stage 2 (≥ 160 SBP or ≥ 100 DBP), past 12 months
- Developed a change package of information on next steps and methods for scaling up
- http://mylearning.nachc.com/diweb/fs/file/id/229350

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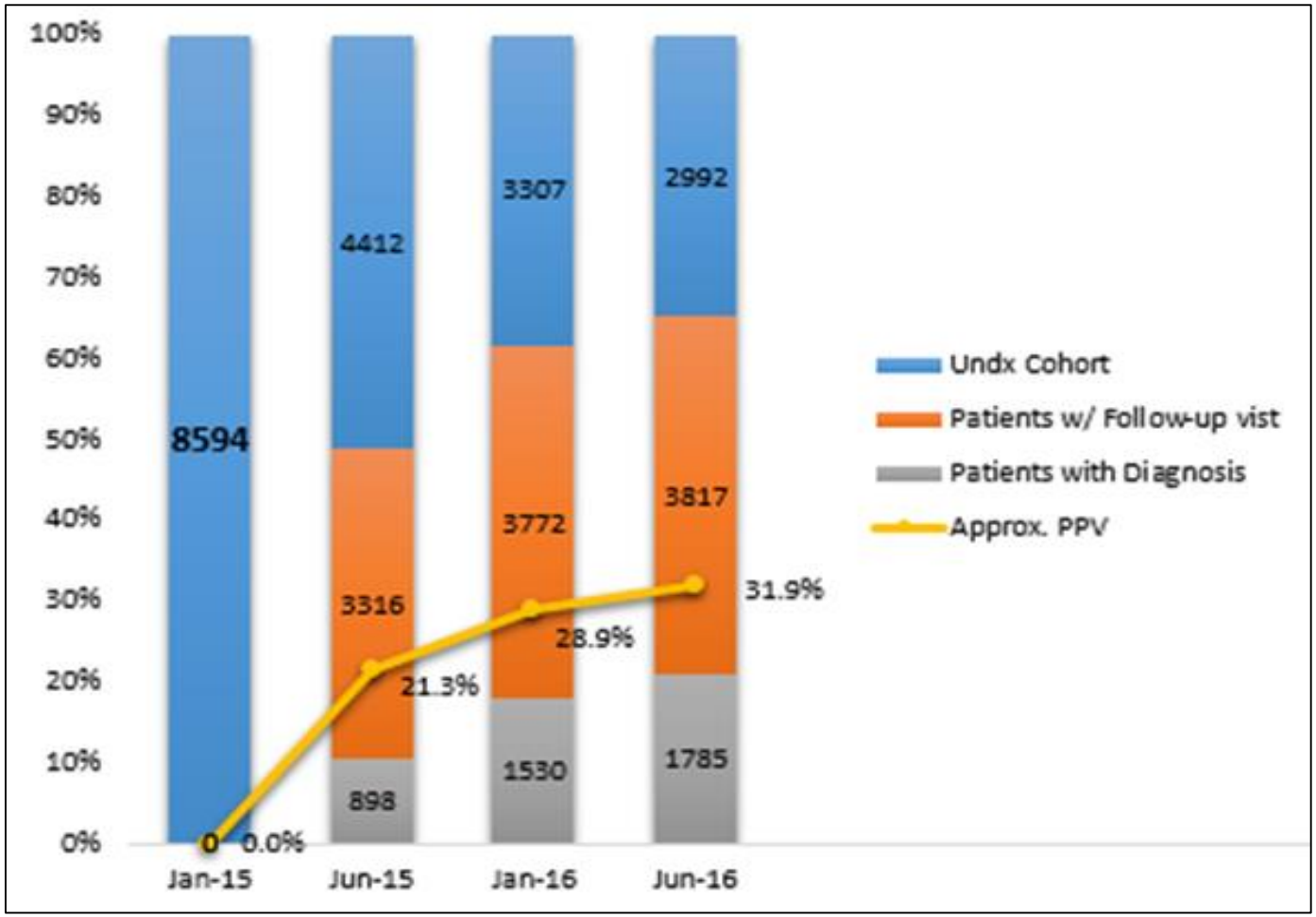
Undiagnosed Hypertension Cohort

65.2% had a follow up visit; of these, 31.9% were dx w/HTN



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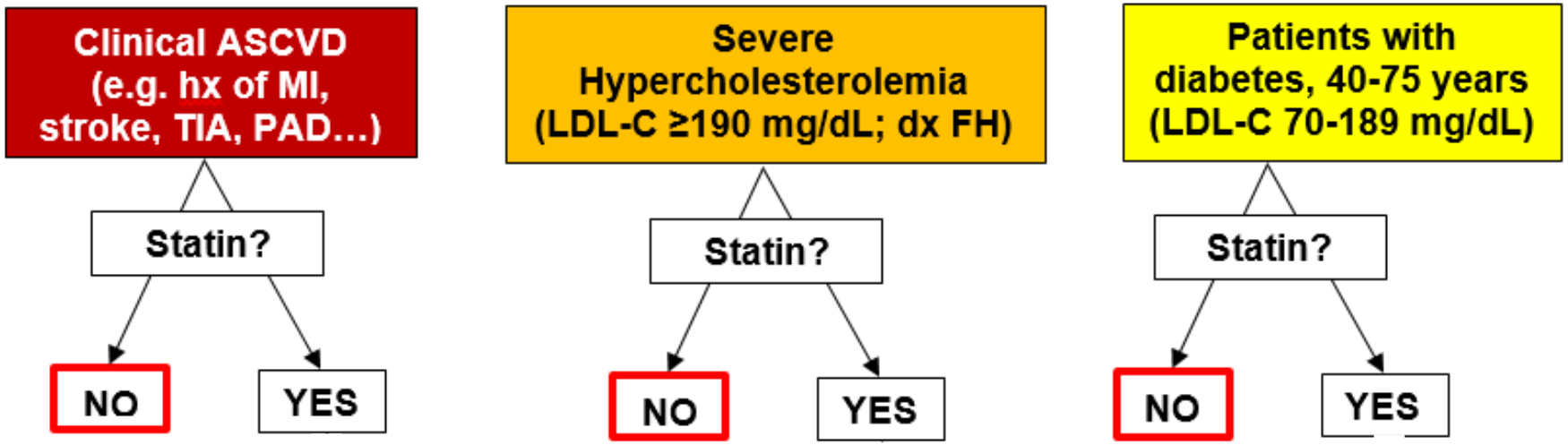
Meador M, Osheroff JA, Reisler B. Improving Identification and Diagnosis of Hypertensive Patients Hiding in Plain Sight (HIPS) in Health Centers. Jt Comm J Qual Patient Saf. 2018 Mar;44(3):117-129.

Finding People Who Could Benefit from Additional Cholesterol Management



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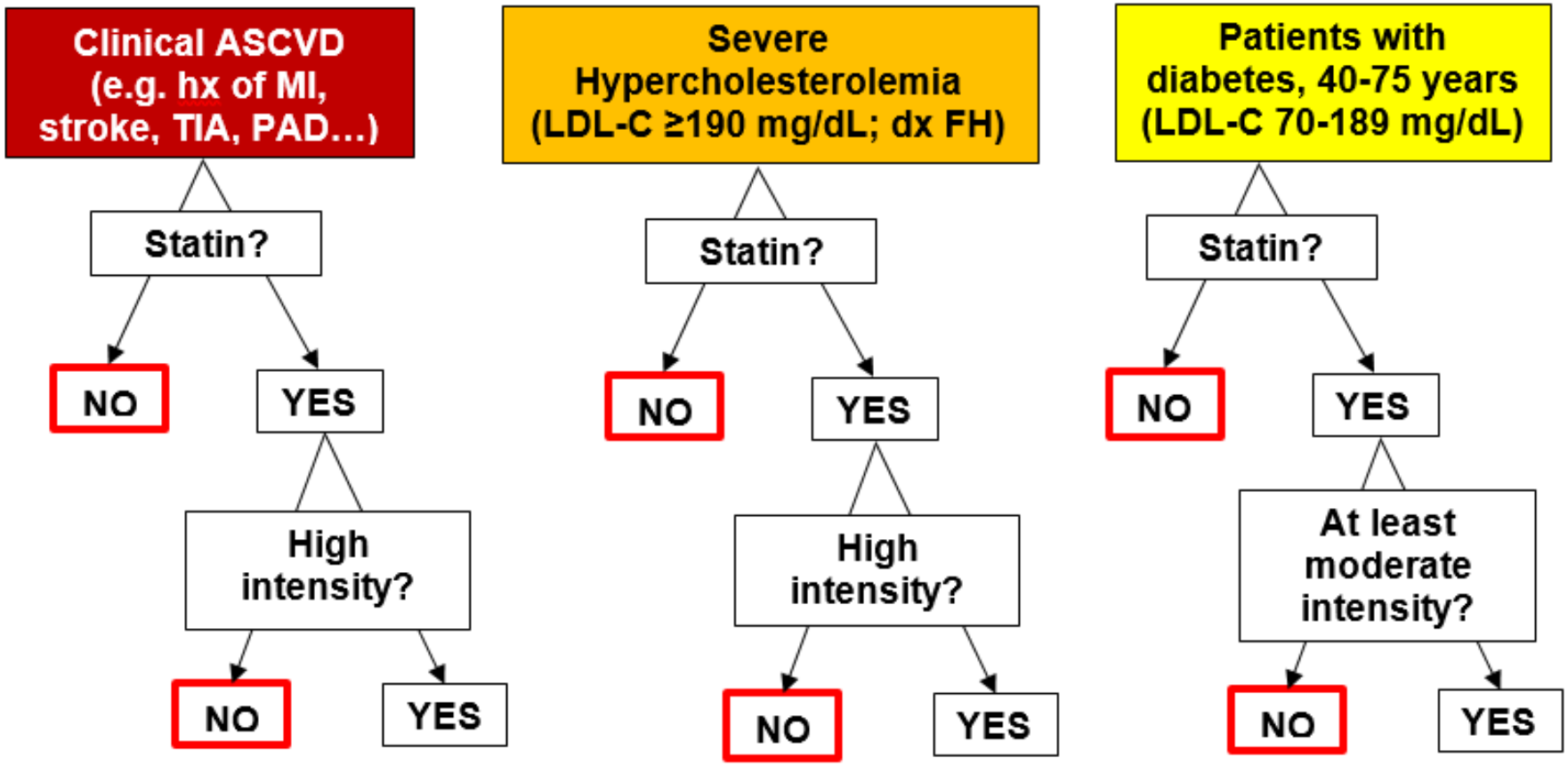
Finding People Who Could Benefit from Additional Cholesterol Management



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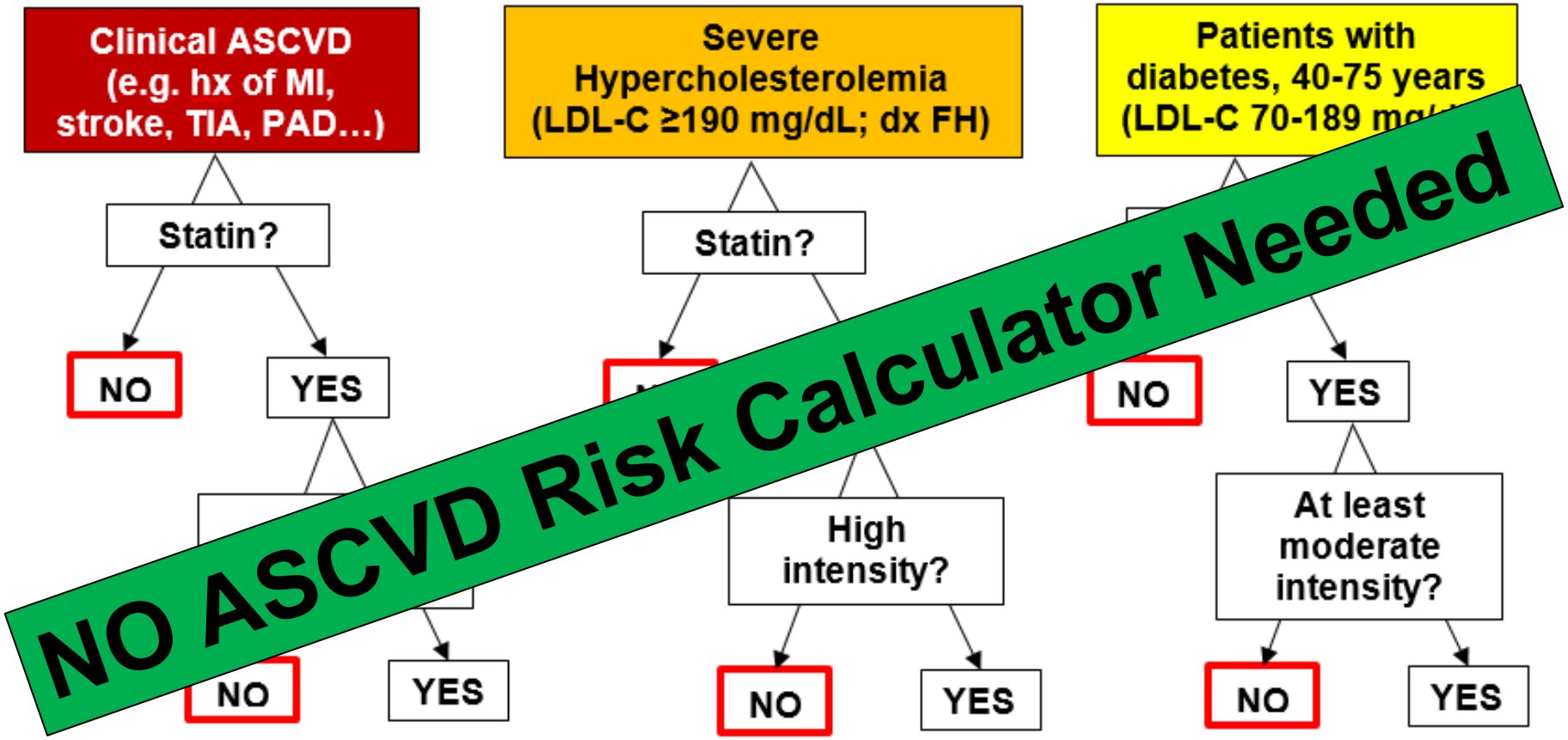
Finding People Who Could Benefit from Additional Cholesterol Management



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Other Resources of Interest

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Missed Opportunities

9.0 M not taking aspirin as recommended

40.1 M with uncontrolled HBP

39.1 M not using statins when indicated

54.1 M combustible tobacco users

\+ **70.9 M** who are physically inactive

213.1 M missed opportunities

55% of these opportunities are in adults aged 35–64 years

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Wall HK, Ritchey MD, Gillespie C, et al. Vital Signs: Prevalence of Key Cardiovascular Disease Risk Factors for Million Hearts 2022 — 2011–2016. MMWR. 2018;67(35):983-991.

Cholesterol Management

- **Million Hearts Cholesterol Management** – https://millionhearts.hhs.gov/tools-protocols/tools/cholesterol-management.html
- **The Scoop on Statins** – https://millionhearts.hhs.gov/learn-prevent/scoop-on-statins.html
- **Treatment protocols** – https://millionhearts.hhs.gov/tools-protocols/protocols.html#CMP
- **ACC Guidelines Made Simple** – https://www.acc.org/~/media/Non-Clinical/Files-PDFs-Excel-MS-Word-etc/Guidelines/2018/Guidelines-Made-Simple-Tool-2018-Cholesterol.pdf

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How U.S. Adults Tried to Quit Smoking

Findings from 2015

Source: Babb S, Malarcher A, Schauer G, Asman K, Jamal A. Quitting Smoking Among Adults — United States, 2000–2015. *MMWR Morb Mortal Wkly Rep* 2017;65:1457–1464.

U.S. Adults Who Smoke Reported:

68.0%

AN INTEREST IN QUITTING

55.4%

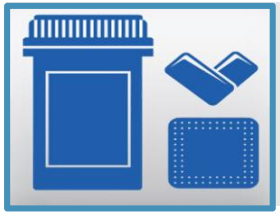
PAST-YEAR QUIT ATTEMPTS

7.4%

RECENT SUCCESSFUL CESSATION

57% received clinician advice to quit

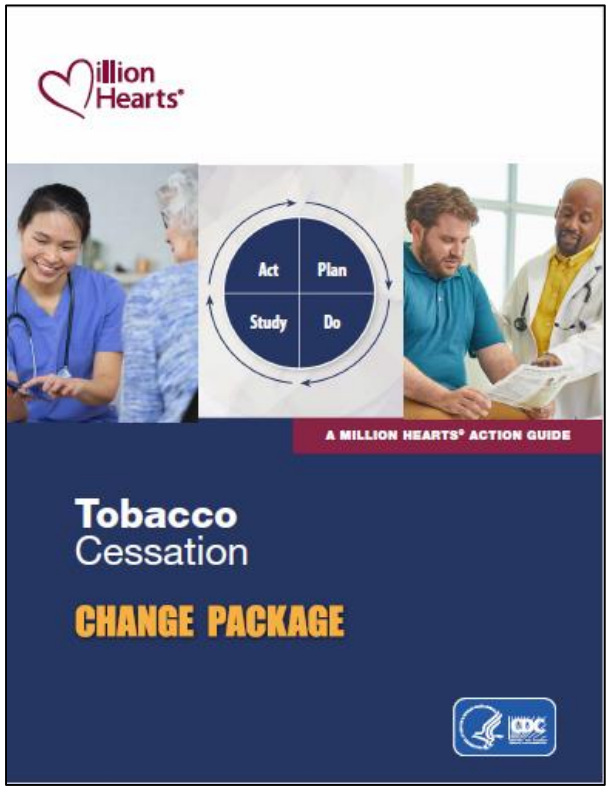
2/3 did **NOT** use evidence-based cessation treatment



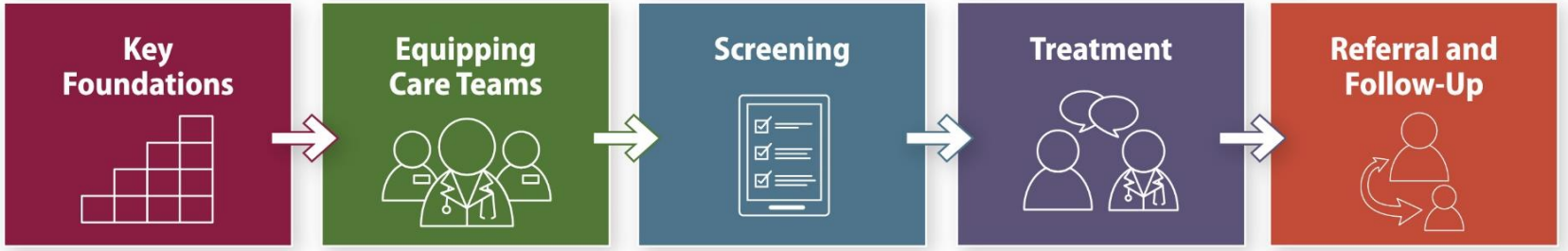
Far more used medication than counseling

< 5% used both counseling and medication

Tobacco Cessation Change Package



- Evidence- and practice-based process improvements
- Tools and resources
  - Outpatient settings
  - Inpatient settings
  - Behavioral health settings
- https://millionhearts.hhs.gov/files/Tobacco_Cessation_Change_Pkg.pdf



Tobacco Cessation

- **Million Hearts Tobacco Use –** https://millionhearts.hhs.gov/tools-protocols/tools/tobacco-use.html
- **Treatment protocols –** https://millionhearts.hhs.gov/tools-protocols/protocols.html#TCP
- **Tobacco Cessation "Action Guide" –** https://millionhearts.hhs.gov/files/Tobacco-Cessation-Action-Guide.pdf
- **CDC e-cigarette info –** https://www.cdc.gov/tobacco/basic_information/e-cigarettes/index.htm
  - **CDC e-cigarette infographic –** https://www.cdc.gov/tobacco/basic_information/e-cigarettes/pdfs/Electronic-Cigarettes-Infographic-508.pdf

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Cardiac Rehabilitation Participation

- Administrative and claims data from 2016–2017
- Assessed CR participation for qualifying conditions* in 2016 among Medicare FFS beneficiaries aged ≥65 years
- 366,103 CR-eligible beneficiaries
- 24.4% of eligible beneficiaries participated in CR
  - 24.3% of CR participants had timely initiation
  - 26.9% of CR participants completed 36 sessions

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*Qualifying events included: acute myocardial infarction, coronary artery bypass surgery, heart valve repair or replacement, percutaneous transluminal coronary angioplasty or coronary stenting, or heart or heart-lung transplant; stable angina and heart failure were not included in the primary analyses

Source: Ritchey MD, et al. Tracking Cardiac Rehabilitation Participation and Completion among Medicare Beneficiaries to Inform the Efforts of a National Initiative. Circ Cardiovasc Qual Outcomes. In press.

Cardiac Rehabilitation

- **Million Hearts Cardiac Rehabilitation –** https://millionhearts.hhs.gov/tools-protocols/tools/cardiac-rehabilitation.html
- **Million Hearts/AACVPR Cardiac Rehabilitation Change Package (CRCP) –** https://millionhearts.hhs.gov/files/Cardiac_Rehab_Change_Pkg.pdf
- **Million Hearts Cardiac Rehabilitation "Roadmap" –** https://millionhearts.hhs.gov/partners-progress/partners/cardiac-rehab-toolkit.html
- **Cardiac Rehabilitation Communications Toolkit –** https://millionhearts.hhs.gov/partners-progress/partners/cardiac-rehab-toolkit.html

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Join TAKEheart!

- AHRQ's $6M initiative to implement referral strategies from the Million Hearts/AACVPR CRCP
- Participating hospitals will receive **at no cost**:
  - A high-impact, 12-month virtual training program
  - Step-by-step guidance on implementing a quality improvement approach for CR referral or advancing your current system
  - Access to leading CR experts
  - Individualized coaching and technical support
  - Peer-to-peer knowledge sharing, coaching and tools
- **To apply for the TAKEheart initiative or to learn more, please visit**: https://www.aha.org/center/performance-improvement/takeheart

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Application Deadline: 10/15/19

Physical Inactivity

- **Million Hearts Physical Activity** – https://millionhearts.hhs.gov/tools-protocols/tools/physical-activity.html
- **National Diabetes Prevention Program** – https://www.cdc.gov/diabetes/prevention/index.html
- **Move Your Way** – https://health.gov/moveyourway/
- **Built Environment Approaches Combining Transportation System Interventions with Land Use and Environmental Design** – https://www.thecommunityguide.org/findings/physical-activity-built-environment-approaches

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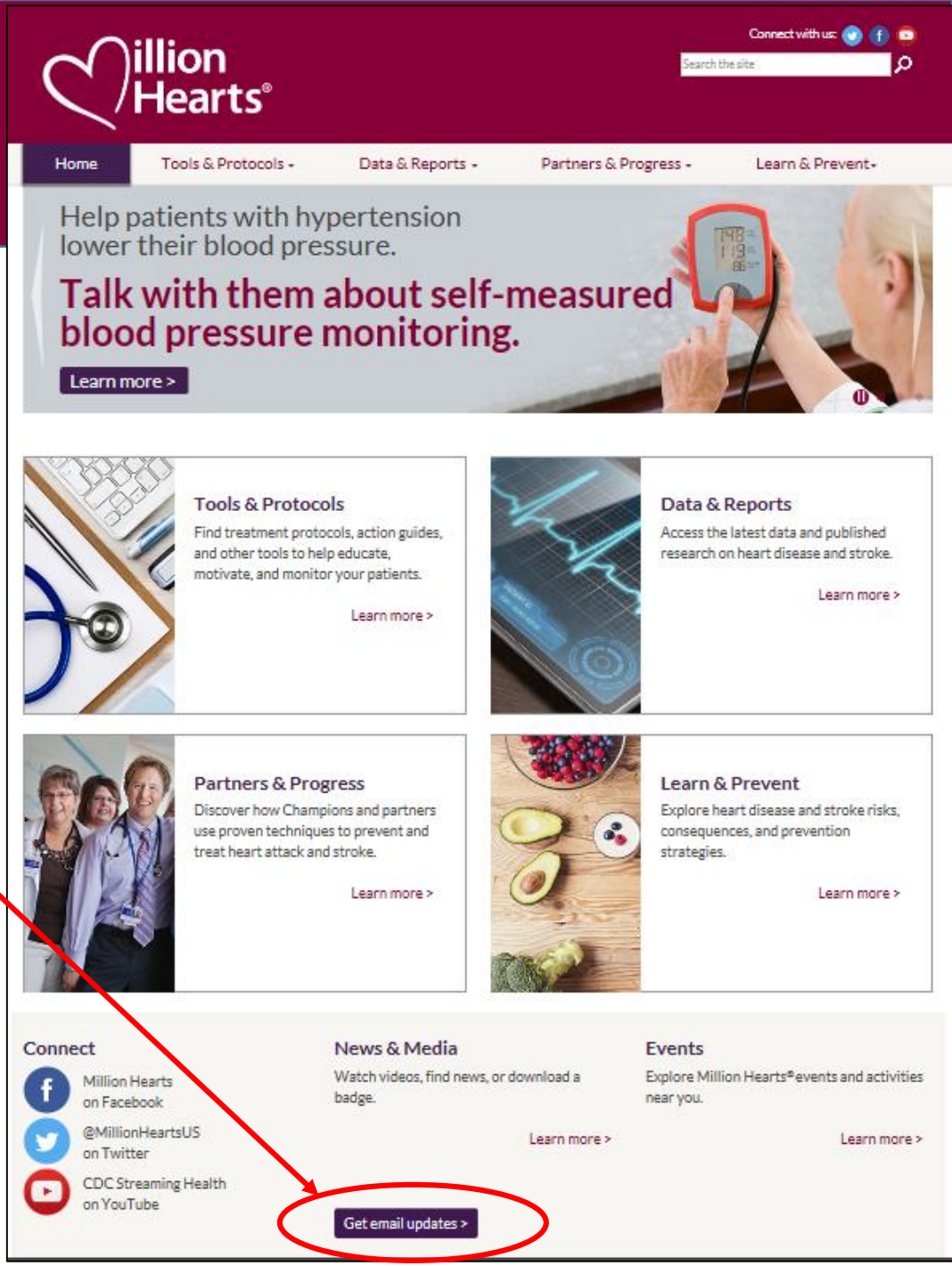
- Subscribe to bimonthly e-Update from the Million Hearts® homepage



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Questions?

Hilary Wall – hwall@cdc.gov

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